

**IN ORDER TO RECEIVE YOUR PERSONAL
IDENTIFICATION NUMBER (PIN):
PLEASE COMPLETE THE NECESSARY FORM,
DHS-9805, AS SOON AS POSSIBLE.**

**An application must be on file for each PIN that is
issued. It is important that the application be returned
as soon as possible.**

**When the application is returned, it should be mailed
to:**

**Child Care Support Technician
c/o Northrop Grumman
108 E. 7th Street, Suite 300
Slot N-301
Little Rock, AR 72201**

DEPARTMENT OF HUMAN SERVICES
PERSONAL IDENTIFICATION NUMBER
ASSIGNMENT AND CERTIFICATION STATEMENT

Section I: Purpose

The purpose of this form is:

- A. For the Provider to request assignment of a Personal Identification Number (PIN) for submitting bills to the Arkansas Department of Human Services (DHS) through an automated billing method.
- B. For the Provider to sign a Certification Statement accepting liability for all bills submitted to DHS using the PIN.
- C. For DHS to approve and confirm assignment of a PIN to the Provider.

Section II: Provider's Request for PIN and Certification Statement

By signature on this form, I request that DHS assign a PIN to the Child Day Care Facility listed below. I understand the PIN is required because I have chosen to submit bills to DHS using an automated billing method.

Furthermore, I certify that only the directors, owners, or authorized representatives will use the PIN to submit bills to DHS in accordance with the terms of the Child Care System Participant Agreement (DHS-9800). I agree to maintain the security of the PIN and accept liability for all bills submitted to DHS using the PIN. I further attest that I am either the owner of the facility or authorized by the Board of Directors or other governing authority to sign this document on behalf of the Provider.

NAME OF DAY CARE Facility Number

Taxpayer Identification # (TIN)

Signature of Provider or Authorized Representative

Date of Signature

Name of Person Whose Signature Appears Above
(Type or print)

Telephone Number

Mailing
Address: _____

Street
Address: _____

Section III: Automated Billing Method

Which automated billing method will the Provider use?

- ☐ VMX (Touch-tone Telephone) ☐ Bulletin Board System (Computer System)
- ☐ Internet Billing

Section IV: Multiple PIN Request

Will more than one person from the Child Day Care Facility be submitting bills to DHS?

- ☐ YES* ☐ NO

*-If "YES", provide the name of the Child Day Care Facility representative who will be authorized to use the PIN assigned by DHS in Section V of this form:

PROVIDER REPRESENTATIVE TO USE ASSIGNED PIN

NOTE: For each additional person at the Child Day Care Facility who will be submitting bills to DHS, complete and return one copy of the "DHS Provider Billing Personal Identification Number Assignment and Certification Statement" (Form DHS-9805).

Section V: DHS Approval and Confirmation of PIN Assignment

The Provider's request for PIN assignment has been approved by DHS. Confirmation via certified mail has been posted to the Provider on the date shown below.

FOR DEPARTMENT OF HUMAN SERVICES USE ONLY

DHS Director or Authorized Designee Date Title

PIN ASSIGNMENT: _____ _____ _____ _____

Mailing Address: Child Care Support Technician
 c/o Northrop Grumman
 108 E. 7th Street, Suite 300
 Slot N-301
 Little Rock, AR 72201
 FAX: 501-682-0529

"The Arkansas Department of Human Services is in compliance with Titles VI and VII of the Civil Rights Act and is operated, managed and delivers services without regard to age, religion, disability, political affiliation, veteran status, sex, race, color or national origin."